**Emerging Technologies  
 Student Cell Phone Profile**

***The Goals of the Emerging Technologies course are to:***

* ***Develop 21st century skills in our students (creation, collaboration, sharing, & publishing content using 21st century tools)***
* ***Develop digital literacy in our students (proficiency in both hardware and software digital tools)***
* ***Develop a consciousness of safe, secure, ethical, civil, responsible, and accountable decision-making in our students when they are using mobile devices and computers***

***The opportunity to use mobile devices as learning resources is a privilege, and students will be given instructions on how to use these resources appropriately. If you have any questions or concerns, or would like to visit a class, please contact me at*** [***melanie\_wiscount@pasd.us***](mailto:melanie_wiscount@pasd.us) ***or by phone, 717.838.1331 ext. 2216. This is a wonderful opportunity for students to learn how to use cell phones as educational tools, to publish information on line, as well as to use them responsibly. Thank you*** ***for allowing your student to experiment with mobile learning in this course.***

Mrs. Wiscount, teacher

***Directions***: Please complete the following information (front & back) to help the teacher of this course better direct each student to what he or she may accomplish using their mobile device without resulting in extra charges to the student or family’s cell phone bill. Students will never have to use their cell phones for any assignments; however, if they choose to, I would like to direct them to what app or service they can use to not incur charges. Additionally, thiscompleted ***Student Cell Phone Profile*** is necessary so the teacher, at no time, will need to handle the student’s cell phone to know the capabilities of the phone. This form and the ***Cell Phone Use in the Classroom Parental Permission Form & Student Contract*** paper must both be handed in together to teacher for the student to use his/her cell phone in this course.

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Number: ( \_\_\_\_ ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_**

**Make & Model of Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone’s Wi-Fi MAC Address** (only need if your phone has internet access)   
  
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***Check* (**√**) *off Yes or No to each of the following questions:***

**Your child’s cell phone:**

1. Is it a smartphone (has internet connectivity)? Yes 🞏 No 🞏
2. If answered “Yes” to Question 1, does it have a media plan? Yes 🞏 No 🞏
3. Is it a smartphone with parental controls? Yes 🞏 No 🞏
   1. If yes to question 2, what is the student prevented to do on his/her phone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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1. Does it have a camera? Yes 🞏 No 🞏
2. Can it record video? Yes 🞏 No 🞏
3. Can it send emails? Yes 🞏 No 🞏
4. Does your plan include unlimited texting? Yes 🞏 No 🞏
5. Is your child allowed to download free apps (applications)?  
    Yes 🞏 No 🞏
6. Is your child allowed to make phone calls to record his or her voice to online recording applications for school assignments? Yes 🞏 No 🞏
7. Does your present plan offer a sufficient range of minutes for your child to make approximately 20 minutes of phone calls in a month, to record his/her voice for podcasts and audio files, without having these calls charged to your phone bill?  
    Yes 🞏 No 🞏
8. Do you have any concerns with your child using a cell phone in this class that you would like to make the teacher aware of? Yes 🞏 No 🞏
   1. If you answered “Yes” to Question 8, please share your concerns. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**Parent or Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_